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Texas Monthly

CAN KIDS ON DRUGS BE SAVED?

Why Treatment Costs So Much
Why It Usually Fails

by Skip Hollandsworth

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Can Kids

Chad Barnes had been through three drug-treatment programs by the time he was thirteen. None of them

On Drugs

worked. As a last resort his parents sent him to the toughest program in Texas. But Chad vowed to beat it.

Be Saved?

BY SKIP HOLLANDSWORTH

PHOTOGRAPHS BY JOSEPH VEHO

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At the Straight treatment program, Chad Barnes had to spend every day in a spare, windowless room, sitting erect in his blue chair. Teenagers who broke the rules were forcibly restrained by their peers.

Sixteen-year-old Chad [redacted] found himself pinned face down on a cold tile floor, his arms and legs stretched out from his body. Four other boys were holding him, pressing so hard that Chad screamed in anger. Just a few moments before, Chad had tried to start a fight in the gymnasium-size meeting room of one of the toughest adolescent drug-treatment programs in the country: Straight, the program chosen by Republican gubernatorial nominee Clayton Williams to cure his own son.

Chad, a wiry boy with eyes the color of coffee, was furious over the way a veteran in the program, known as an oldcomer, had confronted him. "You're lying to us, Chad!" the older teenager had yelled. "You're not working the program! You're holding the rest of us back, Chad!" Chad had shouted an obscenity and shoved another kid next to him, and within seconds, other teenagers had thrown him down. Anyone who rebels at Straight is quickly restrained by oldcomers or by recent graduates working as counselors. Wild-eyed, like a trapped animal, Chad tried to shake loose. A "first phaser" like himself—someone in the first level—couldn't take one step anywhere in the building without an oldcomer holding on to one of his back belt loops. He couldn't even use the bathroom without someone watching him.

At Straight, kids who don't admit to having a drug-oriented lifestyle are yelled at by the other kids until their defenses are broken. Nearly 120 young people, ages 12 to 22 and in various stages of treatment, spend almost the entire day in

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Donald and Gail [redacted] (flanked by daughters Shea Len, left, and Shawna) sent Chad to three hospitals before turning to Straight. The family spent close to $40,000, but each time Chad only came back worse.

this windowless room in a brick office complex in the Dallas suburb of Irving. For nearly twelve hours each day, they must sit erect in blue plastic chairs, not speaking or standing or making eye contact with another person without permission. Those who misbehave are held back in their chairs or, like Chad, spread-eagled on the floor. The theory at Straight is that kids on drugs are more likely to accept therapy from peers who have been through the program than from adults who have not. A fourteen-year-old program with treatment centers in nine U.S. cities, Straight has been called the best program of its kind in the country. Clayton Williams was so impressed with Straight that he wants the state to spend at least $50 million for adolescent-treatment centers based on Straight principles.

But others are not so impressed. Acting on complaints from parents and teenagers who had been through the program, the Texas Commission on Alcohol and Drug Abuse launched an investigation last year to determine whether Straight abuses kids. The head of a rival treatment program calls Straight "fiercely controlling" and questions its long-range success. "It decides what a kid's identity is going to be and then does all the thinking for him," says Mike Townley of Bedford Meadows psychiatric hospital in Bedford, a dozen miles west of Straight. "By the time a kid gets out of the program, he really has trouble thinking for himself."

The controversy over Straight underscores a dirty little secret: Our vast drug-treatment system, with its armies of therapists, medical conferences, and marketing strategies,

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As a Straight newcomer, Chad was placed with a family whose own child was going through Straight; he was required to call his hosts Mom and Dad. Later, he was allowed to return home to his family and pet snake.

doesn't really know what it's doing. Even though hospitals and treatment centers bombard the public with haunting commercials about costly state-of-the-art treatment programs and claim that they have high success rates, one jarring statistic is always left out: According to the latest independent research, about 80 percent of the adolescents who complete such programs will, within a year, relapse and return to drugs, regardless of the program they attended.

Adolescent drug treatment is portrayed as a science, but in reality, it is a huge psychosocial laboratory, where therapists attempt an array of experiments–from fierce behavior-modification techniques to ancient superstitious practices, from chemical aversion to spiritual conversion–just to see what it takes to keep the laboratory mice, our kids, from wanting to get high. Considering this is where the real war on drugs will eventually be fought–people must learn not to want drugs–the results so far haven't been exactly impressive. There is very little good scientific evidence that any of these programs really work.

By the time Chad [redacted] arrived at Straight, he was already a savvy player in the drug-treatment game. Having been to three treatment centers since the age of twelve, Chad knew exactly what to say and how to act in order to make his counselors and his parents believe he was turning his life around. He could talk about life's pressures and family problems. He had mastered all of the Alcoholics Anonymous phrases. For him, like many of his peers, going to a treatment center was a rite of passage. Invariably, however, within

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Straight's boot-camp practices have led to a state investigation into whether the program abuses kids. Marilee [redacted] 15, a Straight veteran, says, "You change because you get tired of being confronted."

days of his release from each facility, Chad would be back with his old friends, happily using a variety of drugs.

But Straight was unlike anything Chad [redacted] had ever seen—a modern-day *Lord of the Flies*, where teenagers control other teenagers. The other boys finally released Chad, only to slam him into his chair, and the group therapy continued. Another boy, Will, was asked to stand up, and an old-comer began telling him that he wasn't being honest about his drug use. Will seemed to lose it. He leapt over his chair, screaming at the group to leave him alone, and then rushed toward the girls' side of the room, causing two girls to smash backward into one another and start fighting. Suddenly, Chad was up again, his jaws clenched, and he stepped toward another teenager, letting fly a hard right that would have knocked even a grown man off his feet. By then, a small riot was breaking out. Another boy took a swing at someone, and a couple of boys tried to escape out the back door. More counselors and other adults poured into the room, and Chad, gasping, his shirt torn across his chest, was dragged to a time-out room where he would remain for the rest of the day.

Ann Petito, who was Straight's clinical director last October, at the time of the brawl, said that such a large fight was not entirely unexpected. "In treatment like this, we're dealing with little animals," she said. "People forget that these kids are druggies. They cannot maintain any self-control. It's our job to get out their anger and remold their lives."

But does treatment really remold their lives? Or are these programs ultimately better at teaching kids to remain sick

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rather than teaching them to be well? For nearly six months I followed Chad [redacted] through Straight, and I also visited ten other adolescent-treatment centers. I watched a kind of contemporary morality play unfold, one in which hundreds of young people were asked to transform their lives and save themselves. The play itself, however, was often dwarfed by its own dark setting: a treatment industry that seems to be driven more by economics than by clinical research, that knows how to turn parents' [CONTINUED ON PAGE 133]

When Lynne Armstrong took son Rob Stegall home, he was like "a POW back from the war."

Theories on drug therapy vary widely. Bear Creek Recovery Center is as lush as Straight is spartan.

Getting Help

What to do If you think your teenager is on drugs.

If you think your child is abusing drugs, here are some guidelines for deciding what to do.

1 Get an assessment of your child from a nonprofit drug-abuse agency that is not associated with a treatment center. Consult your local mental health agency to find such an organization. Keep in mind that assessments cannot determine whether your child really is an addict or if he's simply experimenting with drugs.

2 When selecting a treatment program, ask questions and do your own investigating. Get referrals from mental health experts and agencies. Find out what type of teens do well in each program. Talk to the parents of kids who have been through the program. Take a tour of the center, meet the staff, and get a schedule for each day. Find out how the program handles behavior problems. Check the staff-patient ratio (one therapist for every six kids is good), and look into the family programs.

3 Don't feel that you must place your child in an inpatient program immediately. Try counseling or an outpatient program for a few days a week. It is important to give a child a chance to apply what he learns in counseling to his life at home and at school. If the problem continues, look for day-treatment programs, where the child attends a program during the day (some even have accredited schools in the mornings) and returns home at night. Most important, make sure the program requires the whole family to participate and change along with the child. Don't let drug treatment become a baby-sitting period for your kid.

4 If the outpatient program doesn't work, then it's time to consider inpatient treatment. Always remember that a treatment center works no miracles: The program's effectiveness lies in isolating a kid and stressing a "drugs-are-not-the-answer" message. Keep in mind that some experts say that some teenagers need only a week or two of inpatient treatment before returning to outpatient. Make sure the center offers an after-care program, with counseling three or four times a week for six months to a year. Be certain that all of the fees are spelled out; some centers will even negotiate the costs. For a more detailed list of criteria, write to adolescent-treatment expert Janice Gabe at New Perspectives of Indiana, 11460 Grace Terrace, Indianapolis, Indiana 46236.

5 Finally, remember that a treatment program will never replace parental leadership. Restructuring your own approach to your child—from providing guidance to enhancing his self-esteem—is still the most effective way to keep him drug-free. "Ten Steps to Help Your Child Say 'No': A Parent's Guide" is a helpful free booklet that you can order from the National Clearinghouse for Alcohol and Drug Information, Box 2345, Rockville, Maryland 20852.

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CAN KIDS ON DRUGS BE SAVED?

[CONTINUED FROM PAGE 111] deepest fears into profit margins, and that always has simplistic solutions for our kids—solutions that, when analyzed, lead only to more questions.

THE AGE OF TREATMENT

In Texas the Age of Treatment dawned in 1985, when state lawmakers, under pressure from the medical community, eliminated a legal requirement that an unserved demand for a particular health service had to be proved before a hospital could be built or expanded. Insurance companies had started covering problems like substance abuse, creating a huge cash cow in insurance reimbursements for physicians and treatment advocates. Psychiatric hospitals and chemical-dependency centers quickly moved in, and traditional hospitals added substance-abuse units. In just a few short years, the number of treatment and psychiatric centers increased dramatically. Of the state's 441 centers and 84 psychiatric hospitals, about half of them have opened since 1986.

Since most insurance policies were geared toward inpatient care rather than office visits, many parents found it less expensive to stick their kids in a hospital. Thus, all a treatment center had to do was figure out how much it could get from insurance and then build a program around that amount. Thirty days became the standard length of a hospital stay, for instance, because insurance policies were written to that limit—not because that was the time needed to "cure" a kid's drug problem.

In many ways, the Dallas–Fort Worth area perfectly reflects the changes in adolescent drug treatment. In 1984 the Metroplex had only 5 programs for kids with drug problems; today there are 52. The treatment centers, mostly on the outskirts of the two cities, often have soothing nature titles (the Cedars, Willow Creek, Bowling Green), and some even look like country clubs, complete with lakes, tennis courts, and cabins. The centers regularly promote themselves in slick television commercials that suggest that any youthful unhappiness is somehow related to drugs and that every kid needs help more than his parents realize. One commercial simply lists a series of words: "Family, parents, brothers, sisters, acceptance, rejection, love, hate, loneliness, isolation." Then a deep male voice pronounces, "Just a few reasons kids may turn to drugs or alcohol." Using such seductive tactics, these programs have helped create a new kind of treatment program, where hospitals are seen as the last refuge in a world of screaming teenage disorder.

Despite all the hoopla, no one can get into a treatment program unless he has health insurance or a lot of money. Eight out of ten families who call the Dallas Council on Alcoholism and Drug Abuse looking for treatment cannot afford the available programs. Inpatient costs at a psychiatric hospital can start at $500 a day, but with therapy and various fees, the bill can quickly double. Chemical-dependency treatment centers, which don't have staff psychiatrists, charge at least $400 a day. A few public and nonprofit facilities charge $150 a day or less—but there are only a few, and the waiting lists are long. Dallas County, for instance, has only one 16-bed unit for boys and no such unit for girls. Even state aid is marginal: The State of Texas spends only $9 million a year for adolescent treatment—dead last among the states.

Admission to a program is no guarantee of cure, of course. The problems start with the diagnosis. Frequently, kids are labeled as having two problems: chemical dependency and serious emotional disorders. Although experts rarely dispute the idea that hard-core drug abusers have other problems, many teenagers with less severe maladies end up being hospitalized. One psychologist who studied adolescent treatment centers found kids being diagnosed with "adjustment reactions and behavior disorders." When he asked what that meant, he was told, "The kid fidgeted." What many treatment programs ig-

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more is that adolescence itself is like a developmental disorder. This is the time when teenagers experiment with attitudes and lifestyles – including drugs. By their senior year in high school, more than 90 percent of our nation's youths have tried alcohol, and 57 percent have tried an illegal drug. A fact of life in this society is that teens are going to try drugs.

There needs to be a way to treat truly sick teenagers. But how sick are most kids in treatment programs? Sorry, no one is sure. "The sixty-four-dollar question is trying to figure out which kids need treatment," says Elizabeth Rahdert, a psychologist with the National Institute on Drug Abuse. "And when you figure that out, then what kind of treatment do you give them? No one knows."

Every Parent's Nightmare

Donald [redacted], a quiet manager with the post office, knows all the ins and outs of the adolescent drug-treatment business. For the past four years he has been caught up in a system that sometimes appeared to have no exit. In 1986 he sent his son, Chad, then twelve, to a hospital program for drug-abusing teenagers. Chad had been caught smoking pot behind the YMCA in Corsicana, the North Texas town where the [redacted] were living. Donald and his wife, Gail, were stunned. They weren't sure what the incident meant; they hoped it was just a phase. The Barneses didn't admit that there might be a problem until Chad confessed that he had been using drugs for more than a year and that he had even blacked out once after drinking alcohol.

Donald [redacted] did what any worried parent would do. He announced that he would find the best care for his boy, regardless of the cost. He was like a distraught relative picking out a casket after a loved one dies – [redacted] wasn't even sure what he was getting for his money. Chad spent seven weeks at the hospital, at a cost of $11,000, none of it paid by Donald's insurance. Chad, the youngest person in the program, looked at his stay as something of a vacation. "I was away from my parents," he says. "The other boys taught me how to fight, which I needed to learn."

The treatment only exacerbated Chad's problems. "When Chad came out," recalls Donald, "he was worse. He was a twelve-year-old who had spent his entire time there idealizing older kids, and now he wanted to be treated like a sixteen-year-old. He went into the center wearing one earring and came out wearing five. His language was more profane, and he had all this new information about things like how to mix cocaine."

Chad's parents noticed little change in their son. Shortly after his release from the hospital, he admitted to them that he was using pot and drinking again. Not sure what else to do – Donald said he got much of his information about treatment from reading treatment centers' advertisements – the [redacted] decided to try a hospital again. This time they sent Chad to a hospital in Denton for two more months, at a cost of $3,000. This program tried to make Chad recognize that he was unable to control his drug problem. "You had to figure out what to say," Chad recalls, "stuff about being powerless and wanting to change, and they'd smile and tell you that you were getting better."

In fact, Chad was worse. The program did nothing to alter his rebellious behavior. He was allowed to smoke and cuss and dress any way he wanted. By the time Chad got out, he had a new attitude: He was belligerent and he would pick a fight over anything. "One time I told him to turn off the television set and he came at me," says Donald. "We scuffled around the room. He began cussing at my wife to the point where she was scared to death. Then he'd run away for three or four days. Something was terribly, terribly wrong."

Every parent's nightmare had barged its way into the life of Donald and Gail [redacted] and it didn't take long for the two to begin blaming themselves. "We wondered if we had the right kind of disciplinary structure for Chad," Donald says. "I started blaming my wife for being too strict with him, and she blamed me for being too lax."

In desperation, the [redacted] took Chad to a psychiatrist, who suggested that he was clinically depressed and needed a psychiatric hospital. At thirteen, Chad entered his third treatment program, at a psychiatric hospital in Waco. The cost for 45 days was $30,000. By then, Donald's life savings were wiped out. "We were told Chad's problem was an 'oppositional disorder' – if we said yes, Chad said no," Donald says. "With that, they sent our son back to us. And things just got worse."

The New Catechism

The [redacted] had walked right into a world that presents itself as science but in fact is full of jargon and mystery. Although adolescent drug treatment is usually supervised by doctors, very little medicine or science is actually connected to it at all. Shockingly little clinical research has been completed on how to treat adolescent drug problems. The studies that have been done are contradictory. One found, for example, that the longer a kid is in treatment, the better his chances of staying sober; another reported that the more time a kid spends in treatment, the less productive the treatment becomes.

Because no one knows what will work, treatment centers offer a dizzying variety of techniques, searching for something that will press some magic button in a kid that will persuade him to turn away from drugs forever. Rapha, a self-proclaimed "Christ-centered" psychiatric program established in Houston in 1986, stresses the love of God as the way to break drug dependency. At Bear Creek Recovery Center in Irving, when a kid thinks he is ready to give up drugs, he and the group participate in a "funeral": They march down to a lake and bury the "drug" (such as a bag of Sweet 'N Low representing cocaine) by tossing it out into the water. At Bedford Meadows, the kids go on a "mythical journey," in which they are asked to view adolescence as a rite of passage. Then they are asked to recognize that they can be reborn as healthy adults, ready to face life – without drugs. Other programs offer leisure therapy, in which the kids play team games to get a sense of group support. Higher-priced centers now have outdoor ropes courses, the newest wrinkle in drug treatment, in which kids learn to accomplish a formidable task together, using ropes to help one another climb over and around tall poles and walls.

The one form of therapy that almost all treatment centers, including Straight, use is the twelve steps of Alcoholics Anonymous, in which kids are asked to see their drug problems as a deadly lifelong disease that can be stopped only by surrendering to a higher power. Regardless of how effective the twelve steps might be as a guideline for adults, many kids are too unsophisticated to even begin to grasp AA lingo like "let go and let God." One wonders if God Himself could explain the concept of "powerlessness" to a rebellious drug-using teenager. Nevertheless, many treatment programs force kids to memorize the steps and recite them, as if spirituality can be drilled into someone's life.

Some centers use a shotgun approach, trying all kinds of therapy – individual, group, behavior modification, peer pressure – at once in the hope that one random pellet might hit a kid and help him change. "But research finds that no matter which program you go through, the relapse rate will still be about the same," says Richard Dangle, a social work professor at the University of Texas at Arlington. The question Dangle has about these treatment rituals is: "Do they make any lasting difference, or is it that a kid's senses, for the month or so he's in a treatment program, become so bombarded with the message not to do drugs that he decides, at least for a while, not to do them?"

But as I visited several centers – watching kids make their beds, head off to the first group session, go to school for a couple of hours, and then spend the rest of the day in therapy sessions – they seemed less like modern medical programs and more like old-fashioned church youth camps. At church camps, kids get away from their parents, sit around in a circle and talk, play group games, admire strong leaders, and try to get some spirituality in their lives so that they can live better. The only difference is that in most treatment programs there is talk about drugs.

If it works, that's great. But what if it doesn't? Parents often get to a point where they wonder if any treatment method works. They ask if there is anything else

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they can do for their children. And that's when some of them turn to Straight.

THE LAST HOPE

By August 1987, Chad [redacted] had flunked the seventh and eighth grades, and his parents were wondering how much longer they could keep him in the house. He would wreck his bedroom, throw stuff at his parents, hide in his closet and do inhalants, sniffing spray paint or whatever he could find.

Then Gail [redacted] heard about a new program in Irving that had a Marine Corps approach to treatment. It turned out to be Straight. The program, which lasted at least a year, was not as expensive as the others had been—about $11,000. The Barneses were typical of many parents who come to Straight—they were at the breaking point, willing for anyone to do *anything* with their child as long as it got some results. For them, it was a relief to find a program that ignored all the psychiatric talk and got right down to berating the child for his behavior. Chad knew about Straight. He and his drug-using friends would trade stories about the different programs—which ones were the easiest, which ones had the best gyms, which ones were lax in checking your suitcase if you wanted to sneak drugs in. When his father came to tell him that he was headed for Straight, Chad stiffened.

"Anywhere, Dad, but there," he said. Donald begged Chad to at least give Straight a chance.

The kids do not come to Straight easily. Some are brought in by their parents under false pretenses—a father might ask his child to accompany him on an errand—and others literally have to be carried into the building. On August 17, 1987, however, Chad [redacted] was numb with shock as staff members escorted him away. "I heard about torture and beatings in there, stuff like that," says Chad. "I couldn't believe I was going into that place."

A mother whose son was already in the program cut Chad's shoulder-length hair. A staff member placed Chad in the front row on the boy's side of the large, stark meeting room. The other kids, about sixty boys and forty girls in all (many inpatient treatment programs have only twenty to thirty adolescents at a time), were performing a peculiar arm-flapping routine called motivating—waving their arms wildly to get the attention of a group leader so they could be called on to speak. Some teenagers stood behind the chairs, watching closely, ready to catch anyone who might want to run.

The kids looked drab, almost pale under the fluorescent lights. Straight's rules for newcomers forbid makeup, jewelry, shirts with decals or writing, nylons, high heels, hair dryers, curling irons, and even mouthwash. There is also a huge sense of detachment from the rest of the world. Newcomers must temporarily drop out of school. They cannot use the telephone, speak to their parents, visit with friends, talk to a Straight member of the opposite sex, carry money, listen to the radio or record player, watch television, or read any books except AA literature or the Bible. If they need to walk in front of an adult, they must stick their arms out, fingers pointed in the direction they want to go, until the adult nods and waves them on. The kids are told to call themselves "druggies" and to refer to their pre-Straight friends as "druggie friends." Although Straight advertises itself as a drug-free program, it does allow physicians to prescribe drugs like Thorazine for youths in its care.

For an adolescent, the program can be perplexing and terrifying. At least for the first couple of months, the kids spend from nine in the morning until nine at night sitting on their chairs, participating in the massive group-therapy sessions called raps. If the kids slump in their chairs, the oldcomers press on their backs to make them sit straight. I heard one oldcomer yell at a new kid, "If you can't sit up, how can you say no to drugs?"

The sole physical exercise consists of stretching routines conducted in the big meeting room. To release energy, the kids also shout out chants or sing songs ("If you're Straight and you know it, clap your hands!"). The only way they can move to another part of the room is if an oldcomer "belt-loops" them or keeps one hand on their shoulder. Straight officials say that because a teenager's behavior has deteriorated from drug use, he has to be reprogrammed and carefully monitored throughout the day so that his entire way of life will change.

To graduate from Straight—the average duration is about a year and a half—a participant must make it through all five of the program's rigid phases, winning a little more freedom and responsibility with each promotion. First phase—which usually lasts from a month to a year, depending on the counselors' assessment—is the strictest. A first phaser must live in a "host home," a house belonging to a parent whose own child is farther along in the program. Host homes have alarms on the windows and doors to prevent escape. An oldcomer must supervise a first phaser in the host home—if a kid just wants to pick up a pen, he has to ask permission from the oldcomer—and the kids must call the parents of the host home "Mom" and "Dad," as if they are part of a new family.

During second phase, which lasts about a month, the child can live in his own home, but he can't talk to anyone except his family. Parents, at their own weekly group meetings at Straight, are told to get back in charge of their families at this time. They are required to institute no-nonsense discipline, telling their child that they will keep him at Straight through the rest of his teenage years unless he follows the rules. A second phaser can't go outside the house, not even to the back yard.

In third phase, which lasts a minimum of three weeks, the teenager can return to school or to work on weekdays, but he must come to the Straight program for the afternoon and evening. Third phasers have more responsibility at Straight—running errands, serving dinner, accompanying first phasers to the bathroom—but they still can't talk to Straight members of the opposite sex or go outside without permission. Fourth phasers come to the building four days a week for at least three months, and they can't go anywhere without their parents except to AA meetings. And fifth phasers spend three days a week at Straight for about two months. They can finally talk to members of the opposite sex, but they can't date them. After graduation, there is a six-month after-care program, in which kids come weekly for classes or raps.

With only one lapse, a kid either starts over or gets moved down to a lower phase. Kids have been dropped to lower phases for trying to escape, fighting, yelling at their parents, talking to a girl, or smoking. I met one young man, twenty-year-old Brett [redacted] who had spent two years at Straight and had graduated in 1988. Earlier this year, walking by a neighbor's house, he was offered a beer and accepted. When he told his parents what he had done, he agreed to go back to Straight. "These are unmanageable, druggie kids," says his father, Colonel John [redacted] an Air Force doctor in San Antonio. "If you don't control their behavior right at the start, then you can count on them going out of control."

BOOT CAMP FOR DRUGGIES

The controversy that has plagued Straight nearly since its inception centers on this very matter of control. Straight's goal is to force a kid to see how much damage his drug use has caused his family and himself, but in this authoritarian environment, casual counseling doesn't have much of a place. Group therapy usually turns into harsh encounters, conducted not by experienced, trained therapists but by other teenagers. Straight calls this "positive peer pressure."

"You're lying!" a higher-phased girl screams at a teary-eyed newcomer in one session. "You think you look nice, and you think you're making us believe you're improving, but you're lying! You hurt inside! You still want drugs!" The newcomer, looking frightened, tries to control the trembling of her lips. "Now you better tell us everything you're lying about," the older girl continues, "because lying is going to kill you, just like drugs are going to kill you!"

Even though the program has a staff of four adult counselors, the higher-phased youths and the paraprofessional graduate counselors, mostly teenagers, do almost all of the daily work with the kids. "Adult therapists have lost the perspective on what counseling is," says Page Peary, Straight's national vice president. "Only

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peer counselors can say, 'Hey, I've been there.' They can share experiences on an emotional level, and they can also see right through you when you're lying." But the only training is a six-week course for the paraprofessionals. There's no such class for the higher-phased kids; all they have is their experience in the program.

What I observed were nit-picking confrontations that did nothing to encourage sharing and camaraderie within the group. "I heard you talking about playing with a Ouija board!" one girl yells at another. "You think that's going to help you become honest?" A boy confesses that he has been having thoughts about girls, a feeling that seems rather natural for an adolescent male. Immediately, an oldcomer leaps up. "Maybe you ought to look into those sexual thoughts," he yells, "because it shows you're not taking any pride in yourself!" When another boy is accused by an oldcomer of leafing through a *Playboy* at school, he drops his head. The oldcomer presses him. "Why would you ever look at a magazine like that? Is your self-esteem that low? You don't want to help this group out. You just want to get out of here!"

At Straight, as in boot camp, everyone is forced to work toward a common goal; the group breaks a kid's selfishness. There is such constant talk about supporting and improving the group that Straight begins to resemble a teenage cult, with its own rituals and codes. The kids talk about "being aware," "copping out," "receiving attitudes from others," and "acting FOS" ("full of shit"). They are told never to speak to anyone who has dropped out of the program. They can't talk to outsiders about the treatment program. Parents aren't allowed to sit in on any of the daily raps. Sometimes, among the group, one can see kids who look as if they have barely a vestige of self-esteem left, too scared to talk in front of the others, their egos too devastated to try to make a conscious change in their own lives.

In Straight Beliefs, a list of guidelines for the counselors, is the phrase, "Defiance is dealt with by the Group." Those kids who talk about straightening up are accepted; those who don't are confronted. "The reason you change is because you get tired of being confronted," says fifteen-year-old Marilee [redacted], a fifth phaser who's been in Straight for fifteen months. "I knew if I didn't start acting better, I wouldn't be a part of the group."

This is the key to sobriety at Straight: For months, a kid is relentlessly nagged and browbeaten until he breaks down and confesses. Through the group's guidance, he learns to regulate his behavior and express his feelings instead of avoiding them through drugs. He also finds new role models in the program's young leaders.

"There are a lot of professionals who think Straight is the best treatment program around. Its model for treatment is unmatched by any other program," says Dr. Ian Macdonald, the former director of the Drug Abuse Policy Office at the White House. "Its structure can deal with the most severe kids in our society, forcing them to change, giving them discipline."

But some parents and kids who have been through Straight feel otherwise. Stephen [redacted], a six-foot-four-inch sixteen-year-old who was in the program from April 1989 until last February, when he ran away, says he was restrained the second day he was in the program. "Some guys were yelling at this little guy, and I got tired of it and said to stop yelling at him, and then five or six guys jumped on me, trying to push me back in my chair. I fought back, which made them hit me harder." [redacted] says he saw a boy thrown down so hard that he was knocked out; he also saw a girl get slugged in the face. "Heck, as soon as we got up in the higher phases," says [redacted] who reached third phase before leaving, "we all wanted to restrain people. It was like they had done it to us, so let's do it to the new ones. On February 1, the day before I left, some kid was singing to himself, which is against the rules, and when he wouldn't shut up, I stuck my hand in his face and pushed him on the ground." [redacted] chuckles. "That's what we called a restraint."

Dena [redacted] from the East Texas town of Athens, entered the program in the spring of 1988, at the age of thirteen. "They found this lighter and razor blade in my pocket the day I came, and they accused me of doing cocaine," she recalls.

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"I had never, ever done cocaine. But they kept screaming at me about it and jumping on me. It was so humiliating. They kept it up every day. One time, I just couldn't take it and tried to get out of my chair, and these other girls were on me in a second, four-pointing me to the floor. They took my knees and elbows and twisted them and pulled my hair."

Rob [redacted] entered Straight in April 1988 and stayed six months, the entire time on first phase. "At first I was rebellious against the program," he says. "They said, 'You're going to be sober and you're going to like it.' They did all the usual things—throwing me on the floor, pulling my legs apart like a wishbone—and one day I just stopped fighting it. I just remember going away someplace in my head, thinking that was the way to survive."

His mother, Lynne [redacted] saw him only occasionally on Family Night. "I didn't know what was happening to him because they wouldn't let me talk to him," she remembers. "They called after six months and said I should come get him because he was acting depressed and they wanted to medicate him. When I came to get him, I could barely recognize him. The day I brought him home, he was incapable of completing a sentence. He went into his room and just stared at the books on his shelves for ten minutes." Her voice breaks. "And then I asked him to come outside. It was such a beautiful day, the birds were chirping, and there I was, discussing the weather. It was so overwhelming for him that he had to go back into his room. He hadn't seen the outside in four months. My God, I couldn't stop crying. I felt like my son was a POW back from the war."

Today Rob has a job at a department store and goes to AA meetings to stay sober. He even credits Straight for informing him about AA. "I just don't think they needed to try to warp my brain to tell me drugs were bad," he says.

Carol Koenecke, the director of Straight in Irving, denies the existence of such violence, dismissing the talk simply as bitter allegations from those who failed the program. "You're dealing with highly dysfunctional kids and highly dysfunctional families who haven't come to terms with who they are," says Koenecke. "There are always going to be clients in a program like ours trying to rebel. And there are going to be times when we have to quickly stop them from hurting others or hurting themselves. We are not a violent program. Anyone who thinks this program should be a lot easier needs to educate himself about adolescent substance abusers."

Chad's Rebellion

Fifteen months after Chad was admitted to Straight, the program's administrators called his parents and said Chad wasn't making any progress. He would just sit through the day in his blue chair, doing nothing. A psychiatrist had given him anti-depressants, thinking that might raise his level of energy, but Chad didn't respond. Whenever someone confronted him, Chad would just shrug.

Donald and Gail [redacted] thought that fifteen months at Straight was a long time, especially when there was so little to show for it. "We thought maybe Chad had developed a clinical depression or an emotional problem or something," says Donald. "We didn't know. So we decided to withdraw him on a medical discharge."

Chad had been biding his time like a prisoner, knowing that if he just waited, his parents would finally give up. "I was so sick of all this drug treatment I just wanted to be left alone," Chad says.

In late 1988, the [redacted] took Chad off the anti-depressant medicine, hoping he would feel better. He did feel a lot better. He began using drugs like crystal and cocaine. He hid his drug use from his parents until the spring of 1989, but when they finally discovered it, his mother, hysterical, said Chad could not live in the house any longer.

The family was falling apart. Chad and his father moved into an apartment in Plano, where Donald got another job with the post office. Gail remained in Corsicana with their two daughters. While Donald was at work during the day, Chad turned into a first-class juvenile delinquent. He got high. He got into fights. He stole his dad's car and drove it to Corsicana to buy drugs. He was taken into custody for vagrancy.

On June 29, 1989, Chad [redacted] fifteen years old, woke up in his bedroom to find an off-duty police officer, several boys and fathers from Straight, and his own father standing around him.

"You're going back," said Donald.

They handcuffed him, tied him down in the car, and still he tried to run. He cussed and kicked, and when he got an arm free, he started swinging at anyone close to him. When they reached Straight, he went wild, screaming and kicking. As soon as he was put in the meeting room with the others, he fought with the nearest boy available and was immediately thrown to the ground. Sullenly, Chad returned to his chair. He told the counselors that he would never cooperate. He was prepared to sit there until he was eighteen and could legally leave.

Though Straight will kick a kid out of the program if he is too violent or shows major psychiatric problems, the counselors decided that Chad, for all his rebelliousness, did not pose a major threat and allowed him to stay. But the [redacted] also made a decision. "I realized I had been too passive with Chad," says Donald. "I had let him get the better of me because I wanted to believe in him so much." Now, no matter what Chad did at Straight, he wasn't leaving.

Upon Chad's return to Straight, Donald and Gail came to Family Night, a group meeting for kids and their families held every Friday night. The teenagers, sitting erectly on one side of the room, face their parents, who sit on the other. The children, their hands on their knees, do not smile. After an opening song and introduction, the newest members of the group are to stand and announce their first names, admit they are druggies, confess the number of drugs they used in the past, say how they have hurt their families, and then explain what their goals are. If they deviate from that spiel, a counselor loudly interrupts.

During the only moment of the week when a newcomer is allowed to see his family, he must stand alone and listen as his parents and other siblings rise to face him—he is not allowed to make eye contact with them as they talk. In the parents' meetings held before the Family Night, the parents are pushed to express their anger and are criticized by other parents if they don't.

"You're not my daughter ever again until you finish this program!" one mother yelled at her weeping child. "What is the matter with you?"

"It feels so good to have a good night's sleep," a father cried out at his son, "knowing that you haven't sneaked out of the house to do your drugs!"

Another father, his face red with rage, bellowed at his son: "I am so furious with you! You stole my money, you pawned my watch for drugs. Don't you ever expect to walk into my house again unless you graduate from here!"

The child can answer his parents' comments only with the sentence "I love you."

When the time came for Chad's parents to speak, they described how he had made their home a living hell, how they knew he would die if he didn't get help.

When they finished, Chad raised his hand and stared at them for a moment. When a counselor asked what he had to say, Chad shouted as loudly as he could: "F— you!"

The Investigation

In July 1989, just after Chad had begun his second stay in Straight, David Tatum, an administrator at the Texas Commission on Alcohol and Drug Abuse, received a complaint from a parent whose child had been in Straight. The parent told Tatum that Straight counselors were mistreating kids.

It is not unusual for Tatum, who directs the division that determines whether drug-treatment programs meet the state's licensing standards, to get occasional complaints about treatment centers. Some parents get mad at the programs for not solving their kids' problems. But the allegations that started to come in about Straight were not run of the mill. A staff member allegedly choked and kicked a client. One host-home father was said to have tied up a first phaser with an automobile towing strap to keep him from fighting. A client who received a broken nose while at Straight was reportedly not given

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medical treatment. There were stories of kids being forced to urinate in plastic containers and having to sleep five to a room in a host home.

The commission had already had one run-in with Straight. In 1987 it had required Straight to stop strapping sanitary napkins and towels on children who were, according to Straight officials, "acting out." In other parts of the country Straight centers had also come under fire. In 1983 a Straight organization in Virginia was ordered to pay $220,000 in damages to a young man who claimed that Straight had illegally held him against his will. Lawsuits were also filed against a Straight center near Cincinnati on behalf of kids who say that they were painfully restrained or imprisoned in small time-out rooms for hours at a time.

Last year in Texas an Arlington woman named Tempie Worthy, whose daughter had been kicked out of Straight for insubordination after only a month, formed an organization called People Against Straight Treatment. Hoping to shut down Straight, Worthy engaged in letter-writing campaigns to the media, the police, and the Dallas district attorney's office. She wrote and called parents whose children were still in the program. She obtained materials from Straight's dumpster, looking for evidence of abuse. Worthy also picketed the Straight center, using a bullhorn to denounce the program for its brainwashing tactics. Last December Straight won a court order against Worthy, preventing her from coming near the premises, contacting employees, or harassing clients.

Despite the criticism, Straight garners strong national support. President Bush has endorsed the organization. Nancy Reagan and Diana, Princess of Wales praised the organization after touring the facilities in Washington, D.C. And in Texas there's Clayton Williams. "I like it," Williams told me, "because if you start going wrong, they four-point you to the ground until you're ready to do it the right way." Straight officials introduced me to several graduates of the program, all of whom said that Straight had whipped them into sobriety. The organization claims—without offering any statistical evidence—that 70 percent of its graduates remain drug-free.

David Tatum recognized the importance of "tough love" treatment programs for undisciplined drug-using youngsters, but he still wanted to know whether the ends justified Straight's means. Tatum launched a formal investigation in July, and by October 20, he had received a total of fifteen complaints against Straight—all of them from parents whose children did not complete the program. The state investigators looked into five incidents in which Straight kids were restrained for such incidents as "failure to sit up properly," "failure to move," and "failure to attend to personal hygiene." One staff member allegedly tied a client with a nylon rope to prevent him from escaping from a vehicle, and other staff members did nothing while some kids scratched their arms with pieces of metal. Even though the investigation was in progress on October 9, when the free-for-all took place in the meeting room (the one where nearly a dozen kids ended up fighting, including Chad [redacted], Tatum never learned about the fight.

State investigators would learn about another incident involving Chad, however. Through the summer and fall of 1989, Chad had stayed true to his word. Remaining in first phase, he kept up his insurrection, shouting at those who tried to confront him and finding himself restrained over and over. He shut his eyes and pretended to sleep during the group meetings. Regularly, he tried to run away from his host home.

The counselors were increasingly frustrated with him. "We tried everything," says Amy Cameron, who was then an adult counselor for Straight. "We sent him out for family counseling with an outside therapist, we had his parents and little sisters write him letters, we had him write letters back—and he still stayed resentful."

The staff kept telling the [redacted] that if they continued to believe in the program, Chad would eventually break. But Chad was out to break Straight. He kicked the chairs in front of him when he was forced to sit erectly. He was dragged off to time-out rooms when he bothered the rest of the group. On Thanksgiving afternoon a

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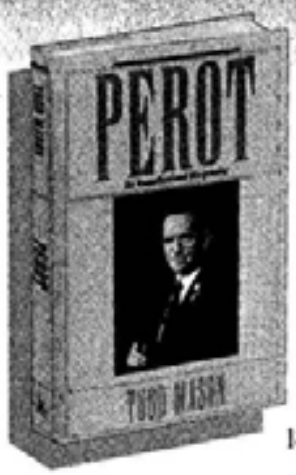

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paraprofessional, angry at Chad's rebelliousness, hit him in the face. A Straight parent reported the incident to the commission.

It was not the best time for Straight to have to deal with another allegation of physical abuse, considering that the state investigation was not yet completed. Straight fired the paraprofessional. The program's officials told the commission that it was cleaning up its own problems. "Straight was highly cooperative," says Tatum, "and very open in saying that whatever we felt they needed to do, they would do."

As a result, last December Straight and the Texas Commission on Alcohol and Drug Abuse agreed that only trained staffers—the paraprofessionals and the adult counselors—would be allowed to restrain clients. Time-out rooms were banned, and host homes were required to provide better living arrangements. The state was to make inspections every 120 days through 1990. But Straight did not have to admit to any of the allegations of abuse. When I asked Straight director Carol Kocnecke about the list of complaints, she replied that Straight "does not admit the charges are accurate."

"We feel very comfortable with what the state has done," she said. "Believe me, if the state had thought we were abusing kids, they would have taken our license away."

But things at Straight didn't seem that different. In January, when I visited Straight again, one angry boy kicked the chair in front of him and was grabbed around the chest by a fifth phaser until he calmed down—an apparent violation of the rules. And early this spring, the start of one Family Night had to be postponed for twenty minutes because another big fight broke out between some boys, requiring staffers, other male clients, and five or six fathers to help break things up.

Straight still had that same feeling of potential explosiveness. There never seemed to be enough supervision; only two adult counselors and three paraprofessionals were in the room of one hundred kids at one time. After two years at Straight, one counselor quit this past spring because she said she suffered from burnout. "It is impossible to care for such a huge group of people every day without feeling like you were neglecting some of them," the counselor told me.

The Moment of Change

But one thing at Straight did change. One January afternoon I walked into the meeting room and saw Chad [redacted] his shirt hanging limply from his hollow-chested body, standing up to address a newcomer in the group. I heard him say, "You just have to set goals for yourself. You have to say you want off these drugs." The newcomer was scowling. "I'm telling you," said Chad, "it works."

Amy Cameron walked up beside me. "He started to work the program right at the start of the year," she said, sounding a little amazed. "We were about a week away from sending him home for good, and he just started participating."

"Did you tell him you were going to send him home?" I asked.

"No," she said. "What finally worked, I think, was that I kept telling him that he was always going to be in this group, that he was never going to go home, unless he started to work. I think it finally sunk in that we all meant it, that we were going to outlast him."

Chad sat down, smiling. I had never seen any look on his face other than anger. Could someone change that quickly? Lori Means, another adult counselor, also watching, said that Chad's new antidepressant medication certainly helped. "But I also think he was lonely. He was tired of being the bad guy. He didn't have any friends in this program, and he knew no one else was going to put up with him. He started working to be accepted by the others," she told me.

"Maybe he's faking," I said.

"Time will tell about that," she replied. "He isn't going anywhere for now."

Chad was moved up to second phase in January, allowing him to spend the night in his own bed for the first time since last June. "It was odd," recalls Donald [redacted] "He came in and was actually affectionate. He started talking about the future, which we had never heard him do. He said he wanted to go to a trade school and get a job. My wife and I looked at one another and said, 'Could it be? Is he really working the program?' "

Or had he come up with a new tactic just to get out? A month later, when I got a chance to talk with Chad, he said that he had begun to feel lonely. Sitting in a chair in a conference room, he put his arms on his knees and blankly looked at the ground. "I thought maybe if I started talking and stuff, I'd get some friends," he said matter-of-factly. "I knew I'd have to work the program if anybody was going to like me. I also wanted to move on in life, you know, go to automotive trade school, something like that."

"Are you working the program because you want to stop using drugs?" I asked.

Chad paused before answering. "Yeah. I saw people in the group feeling good about themselves, and I wanted to feel good too." He looked at his hands. "I guess I used drugs because they made me feel less lonely. I used them to hide my feelings."

It was hard to determine if Chad was sincere or if he was simply quoting a line that he had picked up in a group meeting. A smart teenager can quickly figure out how to play the peer-pressure game and, when left alone, return to his old ways. But right then, looking at Chad, who at that moment was acting more like a confused little boy than a teenage social deviant, I understood what his father had been going through, a man who wanted so desperately to believe in his own son again. "After all the years of hell," Donald told me, "hearing just one positive statement from Chad is like a blessing. Now I think if Chad stays with the program, he can finally have the right kind of life."

Maybe Chad can. But maybe the problem is that we expect too much out of those programs—and maybe some parents are trying to avoid their own responsibilities. Studies consistently show that the kids who become drug abusers are those who grow up under poor parenting; the kids adopt their parents' inability to cope or to communicate their feelings. In one survey of kids in treatment, 50 percent of those labeled as substance abusers had substance-abusing parents. Our war to save kids is being waged with quick-fix promises, but what about the long haul? Any treatment program—from Straight to a psychiatric hospital—can inspire or coerce a kid to stop his drug use. How to maintain abstinence, however, is a different question, one that we have yet to find an answer. Treatment constitutes only 5 to 10 percent of a child's recovery from drug dependence. The rest comes in outpatient counseling programs, of which there are very few. Why? Insurance doesn't cover them.

And that is why, on a mild Friday evening in February, I watched with mixed emotions as the Family Night meeting convened, the kids in Straight sang, the introductions were made, and a counselor rose to announce that some of the kids in the program had been promoted to higher phases. I found myself wondering: Were they closer to recovery or closer to relapse?

One by one, children who had advanced stood and shouted the good news to their parents. There was a silence. Then Chad [redacted] leaped from his chair and yelled across the room: "Third phase!"

It was a moment of triumph for Straight—exactly the example it needed to show other parents that their children could improve as well. Many of the parents, who had watched Chad fight the system for months, who knew about his other treatment programs and his litany of failures, were in tears. "He won't be the all-American kid that every mom and dad hopes for," said Amy Cameron. "But he's turning into a good kid."

Donald and Gail [redacted] rose to look back at their boy. They knew that a critical period was coming, for Chad could now return to school or work, away from the protected life of Straight, into the world of temptation.

Donald, his hand trying to remain steady as he held the microphone, said, "I remember once saying I was embarrassed to have you for my son. And now, Chad, I'm not. I love you."

A counselor looked at Chad, to see if he had anything to say. Chad lifted his head and looked directly at his parents.

"I love you too."

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